### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Assn., Inc. Podiatry Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 07 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Gerald Peterson, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM 08 13 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

### Image# 27931090819

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Podiatric Medical Assn., Inc. Podiatry Political Action Committee <sup>®</sup> D D 0 7 0.7 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2007 250015.81 January 1 (b) Cash on Hand at 316471.09 Begining of Reporting Period ..... 20952.67 336880.18 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 337423.76 586895.99 6(a) and 6(c) for Column B) ..... 48828.65 298300.88 Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 288595.11 288595.11 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

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Report Covering the Period:

From:

01

<sup>Y</sup> 2 0 0 7

o. 0 7

<sup>D</sup> 3 1

<sup>Y</sup> 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	8499.00	199668.12
	(ii) Unitemized	11389.00	127601.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	19888.00	327269.62
(	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19888.00	327269.62
	Transfers From Affiliated/Other Party Committees	0.00	0.00
13. /	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
t	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	1064.67	9610.56
	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20952.67	336880.18
	Total Federal Receipts (subtract Line 18(c) from Line 19)	20952.67	336880.18

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	202.25	2017.17
	Expenditures	828.65	9817.17
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	828.65	9817.17
2.	Transfers to Affiliated/Other Party		
2	Committees	0.00	0.00
Ο.	Federal Candidates/Committeesand Other Political Committees	48000.00	281500.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6	Loan Repayments Made	0.00	0.00
υ.	соан пераушенть маче	5.55	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
u.	(a) Individuals/Persons Other Than Political Committees	0.00	1050.00
		0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	1050.00
	(add Lines 28(a), (b), and (c))	0.00	1030.00
9.	Other Disbursements	0.00	5933.71
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	48828.65	298300.88
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	48828.65	298300.88

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	19888.00	327269.62
34.	Total Contribution Refunds (from Line 28(d))	0.00	1050.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	19888.00	326219.62
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	828.65	9817.17
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	828.65	9817.17

COLIEDIU E A (EEO Form OV)				FOR LINE NUMBER: PAGE 6 / 29
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
			Detailed Summary Page	X   11a   11b   11c   12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Kevin O'Reilly			Date of Receipt
	Mailing Address 1600 Marion Rd.			07 06 7 2007
	City	State	Zip Code	Transaction ID: 14299604
	Redlands	CA	92374-6300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		e Year-to-Date ▼	7
	Primary General	33 -3		7
	Other (specify) ▼		350.00	
			0 0 0 0 0 0 0	4
— В.	Full Name (Last, First, Middle Initial) Dr. Odin de los Reyes			Date of Receipt
	Mailing Address 22 Wedge Dr.			M M / D D / Y Y Y Y
				07 09 2007
	City	State	Zip Code	Transaction ID: 14338804
	Meriden	CT	06450-6966	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupation		
			Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		700.00	1
	Other (specify) ▼	0 0	700.00	J.
	Full Name (Last, First, Middle Initial)			
C.	Dr. Michele M. Kraft			Date of Receipt
	Mailing Address 707 Seacliff Dr.			07 / 09 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14338840
	Aptos	CA	95003-3574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation Podiatric	n Physician	7
	Receipt For:		e Year-to-Date ▼	╡
	Primary General	99. 09410		1
	Other (specify)		300.00	
	<i>Stiles</i> (opcoin)) ♥	0 0		1
				600.00
Ls	UBTOTAL of Receipts This Page (optional)		······	000.00

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Any or f	r information copied from such Reports and Sta or commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
\	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Nelson J. Pont Mailing Address 24705 Riverwood  City Franklin FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:		Zip Code 48025-1232  n Physician e Year-to-Date ▼	Date of Receipt  M M O 7 O 6 O 2 0 0 7  Transaction ID: 14338930  Amount of Each Receipt this Period  99.00
	Primary General Other (specify) ▼	7199.094.0	299.00	
3.	Full Name (Last, First, Middle Initial) Dr. Michael J. Petrocelli  Mailing Address 7842 Berkshire Pines Dr  City  Naples  FEC ID number of contributing federal political committee.	State FL	Zip Code 34104-7436	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 14338940  Amount of Each Receipt this Period  250.00
	Name of Employer  Receipt For:  Primary General  Other (specify) ▼		Physician Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Dr. David Benjamin Kaplansky  Mailing Address Kaplansky Foot & Ankle 1275 Olentangy River Re  City  Columbus  FEC ID number of contributing federal political committee.  Name of Employer Kaplansky Foot & Ankle Centers  Receipt For:  Primary General Other (specify)	State OH  Occupation Podiatric	Zip Code 43212  Physician Year-to-Date ▼ 400.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SL	JBTOTAL of Receipts This Page (optional)			449.00
TC	OTAL This Period (last page this line number or	nly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 8 / 29	
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П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or		ame and add	iress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$\angle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Craig S. Schein			Date of Receipt	
	Mailing Address 4573 Bayley Hazen Rd.			07 11 2007	
	City	State	Zip Code	Transaction ID: 14340192	
	Peacham	VT	05862	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation		7	
	Pagaint For:		Physician Year-to-Date ▼		
	Receipt For: Primary General	Aggregate	Freai-io-Date ▼	1	
	Other (specify)		250.00		
		1 1			
В.	Full Name (Last, First, Middle Initial) Dr. Laura A. Lloyd			Date of Receipt	
	Mailing Address Pamlico Podiatry Assoc	iates, P.A.		M ' M / D ' D / Y ' Y ' Y ' Y	
	403 W. 15th St.			07 11 2007	
	City	State	Zip Code	Transaction ID: 14340193	
	Washington	NC	27889-3524	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer	Occupation	<u> </u>	_	
	Pamlico Podiatry Associat-		Physician		
	es, P.A. Receipt For:		Year-to-Date ▼		
	Primary General	199.194		1	
	Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Kirk Geter			Date of Receipt	
٠.	Mailing Address 11121 lake victoria lane			M M / D D / Y Y Y Y	
	0"		7: 0 1	07 16 2007	
	City	State	Zip Code	Transaction ID: 14343672	
	Bowie	MD	20720-4259	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer	Occupation	n Physician		
	Receipt For:		Year-to-Date <b>V</b>	_	
	Primary General	. 1991 09410		1	
	Other (specify)		500.00		
				1	
	<u>'</u>				
s	UBTOTAL of Receipts This Page (optional)			1000.00	
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 9 / 29
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Robert P. Matusz			Date of Receipt
	Mailing Address 464 Hillside Ave.			07 11 2007
	City	State	Zip Code	Transaction ID: 14343929
	Naugatuck	CT	06770-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation		
	Descint For	-	Physician Year-to-Date ▼	
	Receipt For:  Primary  General	Aggregate	rear-to-Date V	,
	Other (specify)	' '	250.00	
	Care (openly) \	0 0	1 1 1 1 1 1 1	
— В.	Full Name (Last, First, Middle Initial) Dr. Gerald L. Cosentino			Date of Receipt
	Mailing Address Bayshore Podiatry Cent	er		M M / D D / Y Y Y Y
	417 S. Hyde Park Ave.			07 12 2007
	City	State	Zip Code	Transaction ID: 14343935
	Tampa	<u>FL</u>	33606-2268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bayshore Podiatry Center	Occupation		7
			Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	'''	250.00	
	Other (specify)	0 0		J
— С.	Full Name (Last, First, Middle Initial) Dr. Brian A. McDowell			Date of Receipt
<b>J</b> .	Mailing Address Northern CA Orthopedic	Centers		M M / D D / Y Y Y Y
	6403 Coyle Ave. #170	Contors		07 12 2007
	City	State	Zip Code	Transaction ID: 14343937
	Carmichael	CA	95608-0311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Northern CA Orthopedic Ce-	Occupation		
	nters		Physician	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 29 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Candace Daly			Date of Receipt
	Mailing Address 3388 S. 850 E.			07 13 7 2007
	City	State	Zip Code	Transaction ID: 14343941
	Centerville	UT	84014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	ı	
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Primary General		250.00	
	Other (specify)	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Laura R. Lefkowitz			Date of Receipt
	Mailing Address 1600 Pandora Ave.			07 16 7 2007
	City	State	Zip Code	Transaction ID: 14347180
	Los Angeles	CA	90024-6114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation		7
	Desciret Form		Physician	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		400.00	
_	Full Name (Last, First, Middle Initial)			
j.	Dr. Anthony M. Lombardo	D		Date of Receipt
	Mailing Address 17104 Westridge Meado	w Dr.		07 18 2007
	City	State	Zip Code	Transaction ID: 14358781
	Chesterfield	MO	63005-1337	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	1
	Primary General		050.00	
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			700.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMB	ER: PAGE 11/29
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Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of s solicit contributions f	rom such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee		
۹.	Full Name (Last, First, Middle Initial) Dr. Timothy C. Ford			Date of Receip	t
	Mailing Address 4000 Hope Ct.			0 7	18 2007
	City	State	Zip Code	Transaction ID	
	Louisville	KY	40220-2231	Amount of Eac	h Receipt this Period
	FEC ID number of contributing federal political committee.	С			300.00
	Name of Employer	Occupation	n Physician		
	Receipt For:		e Year-to-Date ▼	1	
	Primary General Other (specify) ▼		300.00		
3.	Full Name (Last, First, Middle Initial) Dr. Michael J. Kelley			Date of Receip	t
	Mailing Address 2 Gibraltar			0 7 D	17 Y Y Y Y Y Y 2007
	City	State	Zip Code	Transaction ID	: 14359649
	Rockford	MI	49341-7703	Amount of Eac	h Receipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer	Occupation		7	
			Physician		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	.	
	Primary General Other (specify) ▼		300.00		
— Э.	Full Name (Last, First, Middle Initial) Dr. S. Ronald Miller			Date of Receip	t
	Mailing Address 14 Courtleigh Pl.			0 7 D	18 2007
	City	State	Zip Code	Transaction ID	
	Reading	PA	19606-2941	Amount of Eac	h Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer	Occupation Podiatric	n Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)				850.00
_					
T	OTAL This Period (last page this line number or	ıly)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/29
ITEMIZED RECEIPTS			or each category of the	(check only one)
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or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.				Date of Receipt
	Mailing Address 5010 Skillman Ave.			07 19 2007
	City	State	Zip Code	Transaction ID: 14417657
	Woodside	NY	11377-4156	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Occ		n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify) ▼	0 0	399.00	
В.	Full Name (Last, First, Middle Initial) Dr. Thomas F. Vail			Date of Receipt
	Mailing Address 7365 Red Hawk Dr.			M M / D D / Y Y Y Y
				07 23 2007
	City	State	Zip Code	Transaction ID: 14417674
	<u>Findlay</u>	OH	45840-9440	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupation		
	Descipt For:		Physician	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	,
	Other (specify) ▼		575.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Richard J. Miller			Date of Receipt
٠.	Mailing Address 2408 Houston Branch F			M M / D D / Y Y Y Y
				07 23 2007
	City	State	Zip Code	Transaction ID: 14417678
	Charlotte	NC	28270-0777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	-	200.00	1
	Other (specify) ▼		300.00	
<u>-</u>	UBTOTAL of Receipts This Page (optional)			600.00
$\vdash$				-
Ι,	OTAL This Period (last page this line number of	nlv)		

SCHEDULE A (FEC Form 3X)  Use separate		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/29			
ITEMIZED RECEIPTS			or each category of the	(check only one)		
••	EMIZED RECEIL TO		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   11	7	
Δr	ny information conied from such Reports and St	atemente may	unot he sold or used by any nerso			
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Michael C. Piccarelli			Date of Receipt		
	Mailing Address 1084 Bay Ridge Pkwy.	Otata	7'n Oada	07 25 2007		
	City Brooklyn	State NY	Zip Code	Transaction ID: 14417680		
		INT	11228-2304	Amount of Each Receipt this Period	1	
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer	Occupation Podiatric	n Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		300.00			
	Other (specify) ▼		000.00			
В.	Full Name (Last, First, Middle Initial) Dr. David Allen Anderson			Date of Receipt		
	Mailing Address Rt. 1 Box 136-18			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City		Zip Code	Transaction ID: 14417685		
	Weston	WV	26452-9410	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer	Occupation	n	7		
		_	Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Chris A. Klimowich			Date of Receipt		
	Mailing Address 12630 Panasoffkee Dr.			07 29 YYYY 2007		
	City	State	Zip Code	Transaction ID: 14417699		
	North Fort Myers	FL	33903-4748	Amount of Each Receipt this Period	_	
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer	Occupation Podiatric	n Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼	0 0	250.00			
s	UBTOTAL of Receipts This Page (optional)			600.00		
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 29
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$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Assn., Inc. I	Podiatry P	Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Dr. Michael K. Y. Chun  Mailing Address Kapiolani Med. Ctr. At Pali Mom 98-1079 Moanalua Rd. #400				Date of Receipt
		ali Momi 400		07 / 29 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14417700
	Aiea	HI	96701-3938	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Kapiolani Med. Ctr. At Pa- li Momi	Occupation Podiatric	n Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Michael J. Burns			Date of Receipt
	Mailing Address P.O. Box 122			07 29 2007
	City	State	Zip Code	Transaction ID: 14417705
	Bellvue	CO	80512-0122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation		
	Receipt For:		Physician e Year-to-Date ▼	_
	Primary General	Aggregate	rtear-10-Date V	,
	Other (specify)	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Steven B. Smith			Date of Receipt
	Mailing Address 2929 E. 69th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14417707
		OK	74136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Occ		n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
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Any information copied from such or for commercial purposes, other	Reports and Statements ma than using the name and ad	ay not be sold or used by any pers Idress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.								
NAME OF COMMITTEE (In Fu	االـ)										
American Podiatric Medica	al Assn., Inc. Podiatry I	Political Action Committee									
Full Name (Last, First, Middle In A. Dr. Jill Lynn Jackson-Smith	nitial)		Date of Receipt								
Mailing Address 2929 E. 69	th Street		07 29 2007								
City	State	Zip Code	Transaction ID: 14417710								
Tulsa	OK	74136	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		250.00								
Name of Employer	Occupation Podiatrio	on c Physician									
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Primary General											
Other (specify)		250.00									
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Full Name (Last, First, Middle In <b>B.</b> Dr. Deborah Sue Ross	nitial)		Date of Receipt								
Mailing Address 11 Donald	l n		M M / D D / Y Y Y Y								
Maining Address 11 Dorlaid	LII.		07 29 2007								
City	State	Zip Code	Transaction ID: 14417714								
Ossining	NY	10562-3927	Amount of Each Receipt this Period								
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Name of Employer	Occupation	on									
	Podiatrio	c Physician									
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Other (specify)		225.00	_								
Full Name (Last, First, Middle In C. Dr. Bonnie Tatar	nitial)		Date of Receipt								
Mailing Address 115 Cardin	nal Cir		M M / D D / Y Y Y Y								
maining / tourses 113 Gardin	iai Oii.		07 29 2007								
City	State	Zip Code	Transaction ID: 14417715								
Pittsburgh	PA	15237-1067	Amount of Each Receipt this Period								
•											
FEC ID number of contributing federal political committee.	C		300.00								
Name of Employer	Occupation		7								
		c Physician									
Receipt For:	Aggregat	e Year-to-Date ▼									
Primary General		200.00	7								
Other (specify)		300.00									
SUBTOTAL of Receipts This Page	re (ontional)		650.00								
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 29
ıT	EMIZED RECEIPTS		or each category of the	(check only one)
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				13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Assn., Inc. I	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Joseph S. Wells			Date of Receipt
	Mailing Address 39195 Calle De Compan	ero		07 29 2007
	City	State	Zip Code	Transaction ID: 14417717
	<u>Murrieta</u>	CA	92562-7135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Richard A. Armstrong			Date of Receipt
	Mailing Address Falmouth Podiatry 342A Gifford St.			07 30 2007
	City	State	Zip Code	Transaction ID: 14423775
	Falmouth	MA	02540-2948	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Falmouth Podiatry	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		400.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Timothy Scott Kneebone			Date of Receipt
	Mailing Address 6888 N. Auburn Cir.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14423776
	Moorpark	CA	93021-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1050.00
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8499.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 29
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)
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Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. I	Podiatry F	Political Action Committee	
۹.	Full Name (Last, First, Middle Initial) APMA Government Education Fund			Date of Receipt
	Mailing Address 9312 Old Georgetown Ro	oad		07 13 7 2007
	City	State	Zip Code	Transaction ID: 14342205
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		828.65
	Name of Employer	Occupation	1	]
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		7815.00	Transfer Funds for Federal Operating Expenses
3.	Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.			Date of Receipt
	Mailing Address 100 Light St., 19th Floor			0 7 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14471046
	Baltimore	MD	21202-1036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		236.02
	Name of Employer Citigroup Global Markets, Inc.	Occupation Investme	nt Firm	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1791.92	Interest & Dividends on Investment

SUBTOTAL of Receipts This Page (optional)	•	1064.67
TOTAL This Period (last page this line number only)	<u> </u>	1064.67

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ĺΤ	EMIZED DISBURSEMENTS	for each category of the	(check only	<u>^</u> ^ — — — —							
•		Detailed Summary Page	X 21b	22 23 24 25 26							
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam	,	• •	' '							
\	NAME OF COMMITTEE (In Full)										
$\rangle$	American Podiatric Medical Assn., Inc. Po	odiatry Political Action Com	mittee								
	Full Name (Last, First, Middle Initial)			Transaction ID: 14342206							
٩.	Wachovia Bank, N.A.			Date of Disbursement							
				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	Mailing Address NC8502 PO Box 563966			07 13 2007							
	City	State Zip Code		Amount of Each Disbursement this Period							
	Charlotte	NC 28262-3966									
	Purpose of Disbursement			828.65							
	Bank Fees		001								
	Candidate Name		Category/								
			Туре								
	°	ement For:		Bank Fees							
	Senate	Primary General									
	President	Other (specify)									
	State: District:										

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	828.65
TOTAL This Period (last page this line number only)	<b>—</b>	828.65

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)				:K:	E NUMBER: PAGE 19 / 29 nly one)							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25	_	26 30b				
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam													
<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	and address of any political co	ااااااااااااااااااااااااااااااااااااااا	5 <del>6</del> 10 8	OHOIL COITE	i iDuliUHS	nom sucil	COMMINIC	<del></del>					
American Podiatric Medical Assn., Inc. Po	odiatry Political Action Com	nmitte	e										
Full Name (Last, First, Middle Initial)						D: 143337	752						
Committe To Re-Elect Ed Towns					of Disbur		y y	Y Y					
Mailing Address 438 Lewis Avenue				0 <sup>M</sup> 7		0 9 /	20	0 7 °					
City Brooklyn	State Zip Code NY 11233			Amou	unt of Eac	h Disburs	ement th	is Peri	od				
Purpose of Disbursement	<u></u>		-				100	00.00					
		011											
Candidate Name Rep. Edolphus Towns		Catego Type	-										
Office Sought: X House Disburse Senate	ement For: 2008 Primary General												
	Other (specify)												
	rimary Electio												
Full Name (Last, First, Middle Initial)						<b>D</b> : 143337	738						
Pallone For Congress					of Disbur		y y	y					
Mailing Address PO Box 3176				0 7		09	20	0 7 <sup>Y</sup>					
City Long Branch	State Zip Code NJ 07740			Amou	unt of Eac	h Disburs	ement th	is Peri	od				
Purpose of Disbursement	077.10		_				100	0.00					
-		011 Catego											
Candidate Name Rep. Frank Pallone, Jr.	'												
X X	ement For: 2008												
Senate President X	Primary General Other (specify) ▼												
	rimary Electio												
Full Name (Last, First, Middle Initial) Gerald C 'Jerry' Weller For Congress				1	saction II of Disbur	D: 143335	563						
				M_			Y Y	ý 7 <sup>°</sup>					
Mailing Address P.O. Box 687				0 7		0.9	20	0 7					
City Morris	State Zip Code IL 60450			Amou	unt of Eac	h Disburs	ement th	is Peri	od				
Purpose of Disbursement	Г	-	-	<u> </u>			100	00.00					
Candidate Name		011											
Mr. Gerald C.Jerry Weller	'	Catego Type											
	ement For: 2008												
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	rimary Electio												
SUBTOTAL of Disbursements This Page (optional)			<b>•</b>				300	0.00					
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s	s)	FOR LINE	AGE	20 / 29										
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	22 X 2	3 24 8b 28c		25 29	26 30b							
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam								3							
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full)  American Podiatric Medical Assn., Inc. P					o nom oden										
۹.	Full Name (Last, First, Middle Initial) Pryce For Congress			Transaction ID: 14333524 Date of Disbursement												
	Mailing Address 145 E. Rich Street							07 09 7 2007								
	City Columbus		Amount of E	ach Disburse	-											
	Purpose of Disbursement  Candidate Name			011			10	0.00.0	00							
	Rep. Deborah Pryce			Category/ Type												
	Senate President X	ement For: 2008 Primary General Other (specify)														
3.	Full Name (Last, First, Middle Initial) Christopher Shays For Congress Commit	•			Transaction Date of Disb		97									
	Mailing Address Rear Building 98 East Avenue				07	09 /	ž	0 ŏ 7	Y							
	City Norwalk	State Zip Code CT 06851			Amount of E	ach Disburse	ement	this P	'eriod							
	Purpose of Disbursement			011			20	0.00	00							
	Candidate Name Rep. Christopher Shays		Category/ Type													
	Senate President X	ement For: 2008 Primary General Other (specify)														
	State: CT District: 4 2008 F Full Name (Last, First, Middle Initial)	rimary Electio			Transaction	ID: 1/2226	375									
Э.	Moran For Congress				Date of Disb	ursement		Υ	Υ							
	Mailing Address PO Box 2518				0 7	09/	2	0 ŏ 7								
	City Alexandria	State Zip Code VA 22301			Amount of E	ach Disburse	-		-							
	Purpose of Disbursement			011			20	0.000	00							
	Candidate Name Rep. James P. Moran		7	Category/ Type												
	Senate President X	ement For: 2008 Primary General Other (specify)														
S	UBTOTAL of Disbursements This Page (optional)	•					50	0.00	0							
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	تنا	23 28b	24 28c	25 29	26 30b
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NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to	SOIICIL COI	Itribution	ns irom	Such co	ommittee	
American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmittee						
Full Name (Last, First, Middle Initial)					n ID: 14		3	
Walsh For Congress Committee					burseme	ent / Y	YY	Υ
Mailing Address 306 Winkworth Parkway			0	7 M /	<sup>D</sup> 0 9		ž 0 ŏ 7	7
City Syracuse	State Zip Code NY 13215		Amo	ount of E	Each Dis	sbursen	nent this F	Period
Purpose of Disbursement	10210						1000.0	00
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Candidate Name Rep. James Walsh		Category/ Type						
Office Sought: X House Disburse Senate	ment For: 2008 Primary General							
	Other (specify)							
	rimary Electio							
Full Name (Last, First, Middle Initial)					n ID: 14		54	
Boren For Congress 2008			Date	e of Dist	burseme	ent 1 / Y	YYY	Y
Mailing Address PO Box 1924			O.		0 9	I L	ž 0 ŏ 7	7
City Muskogee	State Zip Code OK 74401		Amo	ount of E	Each Dis	sbursen	nent this F	Period
Purpose of Disbursement	OK 74401						1000.0	00
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Candidate Name Rep. Daniel Boren		Category/ Type						
X X	ement For: 2008							
Senate President X	Primary General Other (specify) ▼							
	rimary Electio							
Full Name (Last, First, Middle Initial)  Bennett Election Committee Inc			1		n ID: 14 burseme		:5	
Mailing Address 475 O. H. M. L. T. L.	0.11.050			M /	0 9	/ Y	ž 0 ŏ 7	7 Y
Mailing Address 175 South West Temple					-			
City Salt Lake City	State Zip Code UT 84101		Am	ount of E	ach Dis	sbursen	nent this F	Period
Purpose of Disbursement	I						1500.0	00
Candidate Name		011						
Sen. Robert Bennett		Category/ Type						
	ment For: 2010							
X Senate President X	Primary General Other (specify) ▼							
	rimary Electio							
SUBTOTAL of Disbursements This Page (optional)							3500.0	00
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S	CHEDULE B (F	3 <b>X)</b>	Use seperate schedule(s)						NE NUMBER: PAGE 22 / 29								
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	y Information copied fro for commercial purpose																IS
	NAME OF COMMITTE		9		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7												
$ \rangle$	American Podiatric	. ,	., Inc. Poo	diatry Pol	itical Action Co	omn	nit	tee									
Α.	Full Name (Last, First, Pallone For Congre	,								Trans					655		
		O Box 3176							Date of Disbursement  0 7 1 6 2 0 0 7								
	City	- BOX 0170		State	Zip Code					Amou	nt o	f Eask	, Di	buro	omon	t thin	Pariod
	Long Branch			NJ	07740					Amou	TIL O	I Eaci	וטו	SDUIS		000.	
	Purpose of Disbursem	ent					0	11	7		-		•		. '	000.	00
	Candidate Name Rep. Frank Pallone	, Jr.						egory/ pe									
	Office Sought: X	House Senate President		nent For: Primary Other (spe	2008 General												
		trict: 6		mary Ele													
В.	Full Name (Last, First, People For Patty M	,	ate Camp	aign						Trans Date of					716		
	Mailing Address P	O Box 3662								0 <sup>M</sup> 7	М	/ D .	16	′ [	ž	o ŏ ī	7 <sup>Y</sup>
	City Seattle			State NA	Zip Code 98124					Amou	nt o	f Each	n Dis	sburse	emen	t this I	Period
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	Candidate Name Sen. Patty Murray					O11 Category/ Type			_								
	Office Sought:	House Senate President		nent For: Primary Other (spe	2010 General												
		trict: 1		mary Ele													
C.	Full Name (Last, First, Stupak For Congre									Trans Date of	of Di	isburs	eme		713		
		17 Ninth Aven O Box 143	ue P.O. Bo	ox 156						0 <sup>M</sup> 7	М	/ D.	16	ľL	ž	0 ŏ 7	7 <sup>Y</sup>
	City Menominee			State VII	Zip Code 49858					Amou	nt o	f Each	n Dis	sburs	emen	t this I	Period
	Purpose of Disbursem	ent				Г	0	11	7						. 1	000.	00
	Candidate Name Rep. Bart Stupak						ate	egory/ pe	_								
	Office Sought: X	House Senate President		nent For: Primary Other (spe	2008 General												
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		24	25 29	26 30b			
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or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political co	ommittee to s	DIICIL CONTRIBU	uons from su	CH COMI	iillee				
American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	ımittee								
Full Name (Last, First, Middle Initial)				tion ID: 143						
Pete Stark Re-Election Committee				Disbursement		Y . Y	′			
Mailing Address P.O. Box 8331			0 7 M / D 1 6 / Y 2 0 0 7 Y							
	State Zip Code CA 94537		Amount o	of Each Disb	ursement	this Pe	riod			
Purpose of Disbursement	Г				2	500.00	)			
Candidate Name		011								
Rep. Fortney Peter Stark		Category/ Type								
Office Sought: X House Disburse Senate	ment For: 2008 Primary General									
	Other (specify)									
	mary Electio									
Full Name (Last, First, Middle Initial)  Gitizens For Bunning				t <b>ion ID:</b> 1434 Disbursement						
			ММ	1 6		0 ŏ 7 `	′			
Mailing Address 1717 Dixie Highway Suite	180		0 7	16	2	007				
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Purpose of Disbursement	Г	*			1	000.00	)			
Candidate Name		011 Category/								
Sen. Jim Bunning										
Office Sought: House Disburse x Senate	ment For: 2010 Primary General									
7.	Other (specify)									
	mary Electio									
Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown			Date of D	tion ID: 1434 Disbursement	:		-			
Mailing Address PO BOX 76187 Suite 800			0 7	16	y ž	0 0̈́7 ̇̀				
	State Zip Code 20005		Amount o	of Each Disb	ursement	this Pe	riod			
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Candidate Name		011 Category/								
Sen. Sherrod Brown		Type								
Office Sought: House Disburse										
X Senate President X	Primary General Other (specify) ▼									
State: OH District: 2012 Pr	mary Electio									
SUBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>			4	500.00	)			
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UI.	TO COMMERCIAL PURPOSES, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	comr	muee (C	SUIIC	it CONTIND	นแบบราร ให้	om such	com	muee			
$\rangle$	American Podiatric Medical Assn., Inc. Po	diatry Political Action Co	omm	ittee									
	Full Name (Last, First, Middle Initial)							: 14346	660				
٦.	Walden For Congress Inc						Disburs / D		Y Y	· · ·	Y		
	Mailing Address PO Box 1091					07 M / D 1 6 / Y 2 0 0 7 Y							
		State Zip Code OR 97031				Amoun	t of Each	Disburs	emen	t this P	eriod	_	
	Purpose of Disbursement	1			_				1	000.0	0		
				011									
	Candidate Name Rep. Greg Walden			tegory/ ype									
	Office Sought: X House Disburse Senate	ment For: 2008 Primary General											
		Other (specify)											
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3.	Full Name (Last, First, Middle Initial) Tim Bishop For Congress							: 14346	661				
	Till bishop For Congress					M M	Disburs / D		Y Y	Υ	Υ		
	Mailing Address PO Box 437					0 7		I 6	. 2	0 ŏ 7			
	•	State Zip Code NY 11738				Amoun	t of Each	Disburs	emen	t this P	eriod		
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	Overlideta Navas			011 tegory/	Ш								
	Candidate Name Rep. Timothy Bishop												
	Office Sought: X House Disburse	ment For: 2008											
	Senate President X	Primary General Other (specify) ▼											
		rimary Electio											
<u> </u>	Full Name (Last, First, Middle Initial)							: 14346	714				
٠.	King For Congress					Date of	Disburs / D		YY	Y	Υ		
	Mailing Address 126 Des Moines Street P.O. Box 576					0 7	] [ 1	I 6 /	2	0 0 7			
	City Odebolt	State Zip Code IA 51458				Amoun	t of Each	Disburs	emen	t this P	eriod		
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	Candidate Name			)11	Ш								
	Rep. Steve A. King			tegory/ ype									
		ment For: 2008											
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NAME OF COMMITTEE (In Full)	e and address of any political co	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	10 5011	Cit Coritii	DULIONS	ITOITI SUCI	COITII	iiilee		_
American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmittee								
Full Name (Last, First, Middle Initial)				Trans	action II	<b>D</b> : 14346	662			
Freedom Fund					of Disbur		V V	V	V	
Mailing Address 1155 21st. Street, NW Suite 300				0 <sup>M</sup> 7		1 6 /	2	0 ŏ 7		
	State Zip Code DC 20036			Amoui	nt of Eac	h Disburs	emen	t this P	eriod	
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		011								
Candidate Name		Categor Type	//							
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President	Other (specify)									
State: District:	· · ·									
Full Name (Last, First, Middle Initial)						<b>D</b> : 14346	717			
The National Leadership PAC					of Disbur		ΥΥ	Y	Υ	
Mailing Address P.O. Box 5577				0 7		<b>16</b> /	2	0 ŏ 7		
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Senate   President	Primary General Other (specify) ▼									
State: District:	Canon (opening)									
Full Name (Last, First, Middle Initial)						<b>D</b> : 14370	062			_
Darlene Hooley For Congress					of Disbur		V V	V -	V	
Mailing Address P.O. Box 2050				0 7		20 /	2	0 ŏ 7		
	State Zip Code OR 97308			Amoui	nt of Eac	h Disburs	emen	t this P	eriod	
Purpose of Disbursement	37000		_				2	2000.0	0	
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Candidate Name Darlene Hooley	'	Category Type	//							
Office Sought: X House Disburse	ment For: 2008	71								
Senate	Primary General									
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	y Information copied from such Reports and State for commercial purposes, other than using the nar			
$\rangle$	NAME OF COMMITTEE (In Full)  American Podiatric Medical Assn., Inc. F			
۹.	Full Name (Last, First, Middle Initial) Gerald C 'Jerry' Weller For Congress			Transaction ID: 14370042 Date of Disbursement
	Mailing Address P.O. Box 687			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} T \\ M \end{smallmatrix} \end{bmatrix}  /  \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{bmatrix}  /  \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} $
	City Morris	State Zip Code IL 60450		Amount of Each Disbursement this Period
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	Senate President	ement For: 2008 Primary General Other (specify)	Туре	
	State: IL District: 11 2008   Full Name (Last, First, Middle Initial)	Primary Electio		
3.	Friends Of Jane Harman			Transaction ID: 14370044 Date of Disbursement
	Mailing Address PO Box 96			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} T \\ M \end{smallmatrix} \end{bmatrix}  /  \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{bmatrix}  /  \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} $
	City Torrance	State Zip Code CA 90507		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1000.00
	Candidate Name Rep. Jane Harman		Category/ Type	
	Senate President	ement For: 2008 Primary General Other (specify)  Primary Electio		
Э.	Full Name (Last, First, Middle Initial) Diana Degette For Congress	Timaly Liound		Transaction ID: 14370051 Date of Disbursement
	Mailing Address P.O. Box 61337			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & T \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & T \end{smallmatrix} \end{bmatrix} $
	City Denver	State Zip Code CO 80206		Amount of Each Disbursement this Period
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	Candidate Name Rep. Diana DeGette		Category/ Type	
	Senate President	ement For: 2005 Primary General Other (specify)		
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam										3
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full)  American Podiatric Medical Assn., Inc. Po					SHOIL GOTH.		om odom c			
۹.	Full Name (Last, First, Middle Initial) Kirk For Congress					Date	of Disburs			V **	V
	Mailing Address P.O. Box 8					0 <sup>M</sup> 7		20	2	0 ŏ 7	
	City Winnetka	State IL	Zip Code 60093			Amou	int of Each	n Disburse	-		-
	Purpose of Disbursement			C	)11				3	000.0	00
	Candidate Name Rep. Mark Steven Kirk				egory/ ype						
	Senate President X	ement For: Primary Other (spectrimary Electric									
3.	Full Name (Last, First, Middle Initial) Knollenberg For Congress Committee	Illiary Liec	5110				action ID	: 143700 ement	55		
	Mailing Address 31000 Telegraph Road #	<i>‡</i> 110				0 <sup>M</sup> 7	M / D	20 /	ž	0 ŏ 7	Y
	City Bingham Farms	State MI	Zip Code 48025			Amou	int of Each	Disburse	ment	this F	Period
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	Candidate Name Rep. Joe Knollenberg				egory/ ype						
	Senate President X	ement For: Primary Other (spec									
	State: MI District: 9 2008 P Full Name (Last, First, Middle Initial)	rimary Elec	ctio			Trans	action ID	: 143700	56		
Э.	Tim Murphy For Congress					Date of	of Disburs			Y _	Υ
	Mailing Address PO Box 24551					0 7		20	. 2	0 ŏ 7	
	City Pttsburgh	State PA	Zip Code 15234			Amou	int of Each	n Disburse	-		
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	F COMMITTEE (In Full)	The arid address of any political c	JOHIH	iiilee lo	SOIIC	it Contrit	JULIONS II	TOTTI SUCT	COITII	muee		_
\	an Podiatric Medical Assn., Inc. I	Podiatry Political Action Cor	mmi	ttee								
	e (Last, First, Middle Initial)							: 14370	041			
• Friends	Of Jim Marshall						Disburs		Y Y	· · · · ·	Υ	
Mailing A	ddress 586 Orange St.					07		20 <sup>D</sup>	2	0 ŏ 7		
City Macon		State Zip Code GA 31201				Amoun	t of Eacl	h Disburs	emen	t this P	eriod	
	of Disbursement	01201							1	000.0	0	
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•	e (Last, First, Middle Initial) I-Congress						ction ID	14370	052			
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Mailing A	ddress 100 W. College Ave., 5	0-D				0 7		20	. 2	007		
City Appleto	n	State Zip Code WI 54911				Amoun	t of Eacl	h Disburs	emen	t this P	eriod	
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Mailing A	ddress 1700 W. Market St. #1					-						
City <b>A</b> kron		State Zip Code OH 44313				Amoun	t of Eacl	h Disburs	emen	t this P	eriod	_
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	y Information copied from such Reports a for commercial purposes, other than using				for the purpose of solicating contributions plicit contributions from such committee	
\	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn.	Inc. Podiatry Political A	ction Com	mittee		
	Full Name (Last, First, Middle Initial)				Transaction ID: 14420374	
۹.	David Davis Victory Fund				Date of Disbursement	
	Mailing Address 2016 Northwood	Drive			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 3 & 0 \\ 3 & 0 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$	
	City	State Zip Co			Amount of Each Disbursement this Period	t
	Johnson City	TN 3760	)1		1000.00	
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	Candidate Name		—— L	011		
	Rep. David Davis		'	Category/ Type		
	Office Sought: X House Senate President		2008 General	.,,,,,		
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